

OFFICE OF FINANCE
CRYSTAL PLAZA 2 LOBBY

SERIAL NUMBER

08/913960

FROM PCT INTERNATIONAL DIVISION-DO/EO

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE

AMOUNT

FEE CODE

AMOUNT

BASIC FEE

CLAIMS/MULTIPLE DEPENDENT

960

964

961

965

970

966

971

967

958

968

959

969

956

LATE FEE/SURCHARGE

957

154

962

254

963

156

OTHER:

581

THE ORIGINAL METHOD OF PAYMENT

☒

BY A CHECK

☐

BY A CHARGE TO DEPOSIT ACCOUNT NO

DO/EO FEE



PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number

08/913960

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS (9)	17	minus 20 = *
INDEPENDENT CLAIMS	1	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	385.00
x\$11=	
x40=	
+130=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	960
	170.00
x\$22=	
x80=	
+260=	260
TOTAL	1170

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	16	Minus	** 20 =
	Independent	*	2	Minus	*** 3 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x40=	
+130=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x80=	
+260=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>2/10/98</u>		2 Serial/Patent # <u>08/913960</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ 10 —							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 10 —							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">9</td> <td style="width: 20px;">7</td> <td style="width: 20px;">5</td> </tr> </table>		0	3	--	3	9	7	5
0	3	--	3	9	7	5				
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Karen McLean</u>		TITLE: <u>Legal</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9117</u>								
OFFICE: <u>DOED</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B